



**State of Connecticut  
Office of Health Care Access  
CON Determination Form  
Form 2020A**

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CONNECTICUT OFFICE OF  
HEALTH CARE ACCESS

All persons who are requesting a determination as to whether a CON is required for a proposed project must complete this form. Please submit the completed forms to the Commissioner of the Office of Health Care Access, 410 Capitol Avenue, MS# 13HCA, P.O. Box 340308, Hartford, Connecticut 06134-0308.

**SECTION I. PETITIONER INFORMATION**

If there are more than 2 Petitioners, please attach a separate sheet of paper and provide additional information in the format below.

	Petitioner	Petitioner
Full legal name	Rick Rosen	
Doing Business As	Rick Rosen MD PC	
Name of Parent Corporation		
Mailing Address, if Post Office Box, include a street mailing address for Certified Mail	91 East Avenue Norwalk Ct 06851	
Petitioner type (e.g., P for profit and NP for Not for Profit)	For Profit	
Name of Contact person, including title	Rick Rosen MD	
Contact person's street mailing address	Same as above	
Contact person's phone, fax and e-mail address	203-899-0000-ph. 203-899-0020 fax drrickrosen@yahoo. com	

## SECTION II. GENERAL PROPOSAL INFORMATION

a. Proposal/Project Title:

Establish and operate a Single specialty surgical site; specialty-cosmetic and reconstructive surgery

b. Location of proposal (Town including street address):

91 East Avenue, Norwalk Ct 06851

c. List all the municipalities this project is intended to serve:

Lower Fairfield County

d. Estimated starting date for the project: 6 months after CON approval

e. Type of Entity: (Please check *E* for Existing and *P* for Proposed in all the boxes that apply)

E P

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Acute Care Hospital

Behavioral Health Provider

Hospital Affiliate

E P

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>

Imaging Center

Ambulatory Surgery Center

Other (specify): Single  
Specialty surgical center

E P

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Cancer Center

Primary Care Clinic

## SECTION III. CAPITAL EXPENDITURE/COST INFORMATION

a. Estimated Total Capital Expenditure/Cost: \$150,000

b. Please provide the following breakdown as appropriate: (may not represent the aggregate shown above)

New Construction/Renovations	\$75,000
Medical Equipment (Purchase)	\$75,000
Imaging Equipment (Purchase)	
Non-Medical Equipment (Purchase)	Inc.
Sales Tax	Inc.
Delivery & Installation	Inc.
<b>Total Capital Expenditure</b>	<b>\$150,000</b>
Fair Market Value of Leased Equipment	inc

<b>Total Capital Cost</b>	<b>\$150,000</b>
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**Major Medical and/or Imaging equipment acquisition:**

Equipment Type	Name	Model	Number of Units	Cost per unit

Note: Provide copy of contract with vendor for medical equipment.

c. Type of financing or funding source:

- ☐ Operating Funds
 ☒ Lease Financing
 ☒ Conventional Loan  
☐ Charitable Contributions
 ☐ CHEFA Financing
 ☐ Grant Funding  
☐ Funded Depreciation
 ☐ Other (specify): \_\_\_\_\_

**SECTION IV. PROPOSAL DESCRIPTION**

Please attach a separate 8.5" X 11" sheet(s) of paper and provide no more than a 2 page description of the proposed project, highlighting all the important aspects of the proposed project. Please be sure to address the following (if applicable):

- Currently what types of services are provided? If applicable, provide a copy of each Department of Public Health license held by the Petitioner.
- Currently what types of procedures are being performed? Please list the procedures.
- Are any additional procedures being proposed as a result of this request? If yes, please list.
- Who is the current population served and who is the target population to be served?
- Who will be providing the service?
- Who will be the payers for this service?
- Will you be charging your payers a facility fee?
- Who is the owner of the surgery suite?
- Will use of the surgical suite be restricted to the members of the physician practice?
- Will the surgical suite be licensed as an ambulatory surgery center by DPH?

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**SECTION V. AFFIDAVIT**

Applicant: Rick Rosen MD

Project Title: Establish and operate a Single specialty surgical site; specialty-cosmetic and reconstructive surgery

I, Rick Rosen M.D., President of Rick Rosen MD PC being duly sworn, depose and state that the information provided in this CON Determination form is true and accurate to the best of my knowledge, and that "Surgical Center" complies with the appropriate

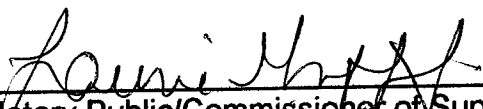
and applicable criteria as set forth in the Sections 19a-630, 19a-637, 19a-638, 19a-639, 19a-486 and/or 4-181 of the Connecticut General Statutes.

  
Signature

6/23/05  
Date

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Subscribed and sworn to before me on June 23 2005

  
Notary Public/Commissioner of Superior Court

My commission expires: Laurie Griffith  
Notary Public  
My Commission Expires  
November 30, 2008

## PROJECT DESCRIPTION

The applicant, Rick Rosen MD PC is a professional corporation in the state of Connecticut, with Rick Rosen MD retaining sole interest. Rick Rosen MD is a plastic surgeon whose interest is to establish a single specialty surgical suite for his cosmetic patients. At this time Rick Rosen MD has an office practice at 91 East Avenue Norwalk Connecticut. It is in this building in which a "1200 square foot" one operating room, surgical suite would be located.

Rick Rosen MD will provide surgical procedures for his own self-pay cosmetic patients in this center. Surgical procedure will include but not be limited to blepharoplasty, rhinoplasty, liposuction and breast augmentation. The anesthesia levels will include conscious sedation, deep sedation, regional blocks and general anesthesia. His clientele reside for the most part in the lower Fairfield County area.

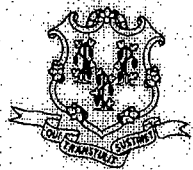
During the years of 1999-2002 Rick Rosen had his own single specialty surgical center on Post road in Fairfield Connecticut. A CON waiver was not required at that time. During the years 2002-2004 Rick Rosen MD shared office and surgical center space with Laurence Kirwan MD at the Fairfield County Surgical Center in Norwalk, Connecticut. This center is a single specialty center and a CON waiver was required and obtained for that facility. In 2004 Rick Rosen MD vacated the Fairfield County Surgical Center and established his office at his current address.

In Fairfield County the majority of plastic surgeons have their own single specialty surgical suites for their cosmetic patients. Since cosmetic patients are private pay, surgical costs need to be kept reasonable. Without a surgical suite Rick Rosen MD is at an economic disadvantage to the other cosmetic surgeons in the community. In addition, the surgical setting of an office based cosmetic suite provides a low stress, confidential and safe environment for surgery, which has now become the gold standard for cosmetic surgery in Connecticut.

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**STATE OF CONNECTICUT**  
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M. JODI RELL  
GOVERNOR

CRISTINE A. VOGEL  
COMMISSIONER

July 8, 2005

Rick Rosen, M.D.  
91 East Avenue  
Norwalk, CT 06851

Re: Certificate of Need Determination, Report Number 05-30532-DTR  
Rick Rosen, M.D, P.C.  
Proposal to Establish a Single Specialty Office-Based Surgical Suite in Norwalk

Dear Dr. Rosen:

On June 24, 2005, the Office of Health Care Access ("OHCA") received a letter from you regarding your intent to establish a single specialty office-based surgical suite in Norwalk, CT. OHCA has reviewed the information contained in your request and makes the following findings:

1. Dr. Rosen proposes to establish a single specialty office-based surgical suite in Norwalk, CT. The surgical suite would be used primarily for cosmetic surgical procedures, such as blepharoplasty, rhinoplasty, liposuction, and breast augmentation.
2. The anesthesia levels will include conscious sedation, deep sedation, regional blocks, and general anesthesia.
3. The proposal has a total associated capital expenditure of under \$150,000.
4. Section 1 of Public Act No. 04-240 ("Act"), "An Act Concerning Regulation of Outpatient Surgical Facilities" states that an "outpatient surgical facility" means an entity, individual, firm, partnership, corporation, limited liability company or association, other than a hospital, engaged in providing surgical services or diagnostic procedures for human health conditions that include the use of moderate or deep sedation, moderate or deep analgesia or general anesthesia, as such levels of anesthesia are defined from time to time by the American Society of Anesthesiologists.

*An Equal Opportunity Employer*  
410 Capitol Ave., MS#13HCA, P.O. Box 340308, Hartford, CT 06134-0308  
Telephone: (860) 418-7001 Toll-Free: 1-800-797-9688  
Fax: (860) 418-7053

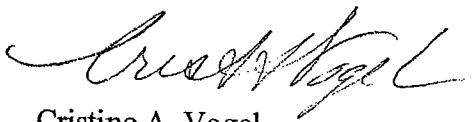
5. Section 1(a) of the Act, states that an outpatient surgical facility shall not include a medical office owned and operated exclusively by a person or persons licensed pursuant to Section 20-13, provided such medical office (1) has no operating room or designated surgical area; (2) bills no facility fees to third party payers; (3) administers no deep sedation or general anesthesia; (4) performs only minor surgical procedures incidental to the work performed in said medical office of the physician or physicians that own and operate such medical office; and (5) uses only light or moderate sedation or analgesia in connection with such incidental minor surgical procedures.

It appears that the purpose of the office you propose to establish in Norwalk is primarily for the performance of surgical procedures and not simply minor procedures incidental to your practice. In addition, the anesthesia levels proposed for use include conscious sedation and general anesthesia. Based on the above findings, OHCA has determined that Certificate of Need approval would be required for the establishment of a single specialty office-based surgical suite in Norwalk, CT.

OHCA considers your letter of June 24, 2005, to be your Letter of Intent for the CON proposal. The CON application forms specific to this proposal will be sent to you under separate cover. You may file the completed CON application with OHCA between August 23, 2005, and October 22, 2005.

If you have any questions concerning this letter, please contact Laurie Greci, Associate Research Analyst, at OHCA at (860) 418-7001.

Sincerely,



Cristine A. Vogel  
Commissioner

c: Rose McLellan, Licensing Examination Assistant, DHSR, DPH

CAV:lkq